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FEC FORM 3X

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REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME COMMI	OF ITTEE (in full)	TYPE OR	PRINT ▼		ample: If typir er the lines.	ng, type	12FE	<u>- ≟C-≃iA</u> L E4M5	L E IV	T.C.1s
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tha tha	neck if different an previously ported. (ACC)	Hou	STON	<u> </u>			ZX	1770	242-	
2. FEC II	DENTIFICATION N	IUMBER ▼		CITY A	······································		STATE A	· 	ZIP COL	DE A
Ci	055 8 3	95	3.	IS,THIS REPORT	Z (NEW N) OR		AMENDED (A)		
4. TYPE	OF REPORT e One)	(b) Mor Rep		eb 20 (M2). <u> </u>	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qu	uarterly Reports:			Mar 20 (M3) <u> </u>	Jun 20 (M6)	L	Sep 20 (M9)	Ц	Dec 20 (M12) (Non-Election Year Only)
П	April 15			Apr 20 (M4) D	Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
П	Quarterly Report (July 15	(c)	12-Day PRE-Election		Primary (12F	P)	Ge	neral (12G)		Runoff (12R)
	Quarterly Report (October 15	Q2)	Report for the		Convention ((12C)	Spe	ecial (12S)		1 950
LI <u>X</u>	Quarterly Report (January 31 Year-End Report (Ele	ction on	W W /	8 * 6 /	Y . Y .	Y • Y	in the State of	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d)	30-Day POST-Election		General (300	G)	Rui	noff (30R)		Special (30S)
	Termination Report (TER)	t	Report for the	ction on	M • M /	0 0 /	7 7 7	* * * ·	in the State of	
5. Coverir	ng Period	<i>Ö</i> ′ စီ	1 20	14	through	12	3	1 20	14	
I certify that	t I have examined	this Report	and to the best	of my kn	owledge and	belief it is to	rue, corre	ct and comple	ete.	
Type or Print Name of Treasurer Kabet Dorn's										
Signature of Treasurer Date Dib 2015										
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.										
	Office Use								C FOR Rev. 12/20	